FOR STATE HEALTH DEPJ TO EXPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. In delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with mastate Board of health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hour after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11217 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	11206
	1. PLACE OF DEATH 8. COUNTY CAROLEWE MARYLAND	a. SMARY LAND b. COUNTY	Residence bafora admission)
	b. CITY OR TOWN (if outside corporata limits, white RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	
X	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	1 STREET ADDRESS GAY	IS RESIDENCE ON A FARM? YES NO NO
1	3. NAME OF DECEASED RACHEL ADELADE	BOSTON 4. DATE OF DEATH OCH	16 19 61
	WIDOWED DIVORCED	B. DATE OF PIRTH  JAN 4, 1877  9. AGE (In years IF UNDER Months)  White Amount of the control of	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done dering most of working life, even if relired)  10b. KIND OF BUSINESS OR INDUSTRY  10b. KIND OF BUSINESS OR INDUSTRY  10b. KIND OF BUSINESS OR INDUSTRY  10c. KIND OF BUSINESS OR IND	MARGIAND	USA COUNTRY
	13. FATHER'S NAME SO LOMON JACKSON	14. MOTHER'S MAIDEN NAME HORRISTT RG.	22
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	LOYD BOSTON BN	TON, MD
	PART I. DEATH WAS CAUSED BY:	Heart Disease	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which (b)		
	gava risa to immadiata causa (a), stating tha underlying causa last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	Entar natura of injury in Part I or Part II of itam 18.)	
		ACE OF INJURY (Homa, farm, 20f. (City or town) (Cotory, streat, office bldg., etc.)	ounty) (Stata)
	21. I certify that I took charge of the remains described above, he		and in my opinion
1	death resulted from: Natural causes X, Accident , Suic	ide, Homicide, Undetermined manner	
	ACTUAL SIGNATURE Dawson & George	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
	EXAMINER'S Dawson O GRONGE MA.	DIVATORISE (Strong Pry 100mp, whole year & OCT	4p1.81 mils
	228 BURIAL, CREMATION, 226. DATE THEREOF \$220. NAME OF CEMETERY OF	R CREMATORY 22d to CATION (Chy, town, or country)	MO
	23 PUNERAL DIRECTOR MADRISS TO LINOUS ABORESS	And 248. REC'D BY REGISTRAR 246. REGISTRAR'S	2 1

VS. A15ME 5M 7/59

MARKET HERE THE REAL PROPERTY OF THE REPORT OF THE REAL PROPERTY OF THE Sandri Alisa and Sandri Sandri Sandri

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8

	11218		CERTIFICA	ATE OF DE	ATH		Reg. Dist. No		.20
1. PLACE OF DEATH a. COUNTY	areline		MARYLAND	2. USUAL RESIDENCE O. STATE	CE (Where decease	ed lived. If institution b. COUNTY	~	ore odmissio	
RURAL and give		its, write c. LEN	GTH OF STAY IN 16			orote limits, write RU		earest town)	)
d. NAME OF HOSP OR INSTITUTION	ITAL (If nat in hospital,	give street address)	68 yrs.	d. STREET ADDR		ourg, R.	F. D.		IDENCE FARM?
3. NAME OF DECEASED (Type or print)		rst /illiam	Middle S. Da	lost	4. DATE OF DEATH	Mant Oct.	22	-/	rear 19 <b>61</b>
5. SEX	6. COLOR OR RACE	7. MARRIED 1	NEVER MARRIED	B. DATE OF BIRTH June 26.	1877	last birthdoy)	Manths Days	Hours	R 24 HRS Min.
a.	ION (Give kind of work					84 yrs.	12. CITIZEN C	F WHAT C	OUNTRY
during most of wa	rking life, even if retired	d)	d Farmer		ryland	,,		S. A	
13. FATHER'S NAME	liam Caver	nder		14. MOTHER'S MA Mariah	Cleave	S			
(Yes, no. or unknown)	ER IN U. S. ARMED FOI  (If yes, give war or dates of:  N  ATH [Enter only one co	nene		Mrs. Law	rence T:	ribbett	Federa	TERVAL BET	TWEEN
Conditions, if gave rise to couse (a), stating lying cause lost	immediate DUE TO		cener	ng Zo	reppe	rzus		J W	EUNA
PART II. OT	THER SIGNIFICANT CON	NDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED TO THE	ETERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a)	19. WAS A PERFOR	RMED?
	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HO	OW INJURY OCCURRE	D. (Enter noture of inj	ury in Part I ar Pa	rt II af item 1B.)			
20c. TIME OF INJU Haur o. m. p. m.	10	While _ No		ACE OF INJURY (Ham ctory, street, office bld		y or tawn)	(County	)	(State)
21. I certify to alive an	hat I attended the	deceased frame, 19	m , and that death	accurred at		the causes and			

220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 61

22c. NAME OF CEMETERY OR CREMATORY Concord Bemetery 22d. LOCATION (City, tawn, or county) Federalsburg,

F. D. Md. R.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR Federalsburg, Md. DAMCT 26'61

24b. REGISTRAR'S SIGNATURE

* * * * * * * * * * * * * * * * * * *	HYASUSO S		8184	
, with the T			+1(1:19:5)	
	gradualnes Max	1. sp. 60 . g.	A CONTRACTOR OF THE CONTRACTOR	
18 . 10	takasi	- D		
*	ene co, levv	To Parameter (A)	STATE OF THE REAL PROPERTY.	nII,
	analytes -		Allen de 185	
	teranil Haland		un mercal cartery	
Circination at the	ra. Lawrence Tries	niene .		
	STATE OF THE PARTY			
To the		E Z SEZ V SE SE E SE E SE	at the way of a lab	
E . L . B . lin . a . bull	Livrates V vyole	ord by one	10/3/01	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 11219 Reg. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND 67 the funeral should be fi b. CITY OR JOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL ond give negrest fown) haurs ofter d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D NAME OF Middle 4. DATE Manth Day Year DECEASED Pages (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED THEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In years last birthday) complete UN Months Days WIDOWED [ DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mon of working life, even if retired) llaman corbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EORCIE certificate гетоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT ottending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) OW MOS **DUE TO** permit. Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. remaval, and burial-transit PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) S 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) Hour o. ft. factory, street, office bldg., etc.) While Not while 19 of work of work D. M. 21. I certify that I attended the deceased from. 1961 that I last saw the deceased 30AM, from the causes and on the date stated above. and that death accurred at 1 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) e 22a. BURIAL, CREMATION, 22b. DATE THEREOR 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specif 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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# FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11209

	PLACE OF DEATH			IDENCE (Where de			ce before edmission)
+	Caroline	MARYLAND	e. STATE	Maryland	b. COUNT	Y Carol	ine
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	X	OWN (If outside corp		RURAL end give	neerest town)
1	Preston - Rural	20 years		Preston -	Rural		
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street eddress)	d. STREET ADD				e. IS RESIDENCE
	Near Harmony			Near Harm	ony		YES NO
3.	NAME OF First	Middle	Last	4. DATE	Month	Dey	Yeer
V	(Type or print) Fred	Charles	Hart	DEATH	Octobe	er 24	19 61
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH	9	. AGE (In yeers		IF UNDER 24 HRS.
	Male White WIDOWED		June 7, 1	909	last birthdey) 52 yrs.	Months Deys	Hours Min.
	. USUAL OCCUPATION (Give kind of work	F BUSINESS OR INDUSTRY	11. BIRTHPLACE	(State or foreign co	untry)	12. CITIZEN O	F WHAT COUNTRY
00	Employee of Midlantic Metal	Fabri cators	North	Carolina		U.S.	Α.
13.	FATHER'S NAME		14. MOTHER'S MA	AIDEN NAME			
	Floyd Hart		Cora	Davis			
		AL SECURITY NO. 17. II	NFORMANT		Address		
(16	No (Ifyesgivewerordetesofservice) 218-	16-8808 D	ora B. Ha	rt, Prest	on. Marvl	land. R.	F.D.
	18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), end (c).)		/		INT	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	sive (!es	eliano i	Heme	THIRE	12 (P)	SET AND DEATH
	331 X DUE TO			, , , , , , ,	/	1	missing.
	geve rise to immediate cause						
	(a), steting the underlying DUE TO						
-	cause last. (c)	TING TO BEATH BUT NO		TRIUMIAL DISTASS	CONTRICTOR OF THE	ALLE AND THE STATE OF THE STATE	O DILLE LIBROREI
OF N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ING TO DEATH BUT NO	I RELATED TO THE	ERMINAL DISEASE	CONDITION GIVE	N IN PART 1(e) 1	PERFORMED?
3							YES NO
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	W INJURY OCCURED, (Er	nter neture of injury	in Pert I or Pert II of	item 18.)		
3	20c. TIME OF INJURY Month, Dey, Yeer   20d. INJURY			e, ferm, ; 20f. (City	y or town)	(County)	(Stete)
MEDICAL	at week	lot While fecto	ry, street, office bld	g., etc.)			
2	21. I certify that I took charge of the remains		d an Autonsy [	X Inspection	N. Inquiry	bas [7]	in my opinion
					determined ma	The state of the s	in my opinion
	dealit fesulted from: Inatural causes, A	cerdeni [], Suich			deletimied ma		
	ROTURE A - D. A.G.	2000		ICAL EXAMINER			
	SIGNATURE MUNICIPAL DE	with	M.D.	T MEDICAL EXAMIN			ATE SIGNED
	examiner's Dawson O. Georg	e, M.D.		treet, city, town, or	Domi	ion, Mary	26-1961 yland
22e		NAME OF CEMETERY OR	CREMATORY	22d, LOCAT	ION (City, town,	or country)	(State)
	Burial Oct. 27, 1961 J	unior Order	Cemetery	Near	Preston.	Marylar	nd
23.	FUNERAL DIRECTOR	ADDRESS	24e	. REC'D BY REGISTI	RAR   24b. REGIS		
1	. J. Framptom and Son, Feder	alsburg, Mar	cyland	OCT 3 0 '61	C,T	lun & Krace	

TO EPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after deal.... any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death. VS. A15ME 5M 7/59

TIPOR MEDICAL BY ANALYSIS CLASSICATE OR DECIM 4 . . . . . . with 2 km + y things pin

TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be et led within 24 hours after	doc. R. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 sh <u>ould</u>	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	
HYSICIAN: The	ne hospital or attend	is certificate has be	for use as the buria	n prior to burial, cr	
OR ATTENDING P	may be retained by the	DIRECTOR: After th	3 should be detached	ne State Dept. of Health	
TO SPITAL	doctra. Page 4	TO FUNERAL	director, page	be filed with th	

VR A15 (4) 15M 9/60

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11221
CERTIFICATE OF DEATH
11210

- 1					10 11			
	1. PLACE OF DEATH 6. COUNTY Caroline				institution: Residence before edmission)			
		MARYLAND	mai	yrand	Carotine			
1	<ul> <li>CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (	If outside corporete limits, write	RURAL end give nearest town)			
	Greensboro	6 Month	s Temple	ville				
J	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	pitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?			
	Cahall Nursing Home			None	YES NO			
ľ	3. NAME OF First	Middle	Lasi	4. DATE Month	Dey Year			
1	(Type or print) Hattie	Davis	Knotts	DEATH	22 19 61			
	5. SEX   6. COLOR OR RACE   7. MARRIED		DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.			
1	Female White WIDOWE	= =	C 70 3000	lest birthdey)	Months Days Hours Min.			
1	10e. USUAL OCCUPATION (Give kind of work   10b. KI	ND OF BUSINESS OR INDUSTRY	6-30-1870	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	done during most of working life, even if ratired)	7	Mary	rland	U:S.A.			
	Housewife 13. FATHER'S NAME	lone	14. MOTHER'S MAIDEN		0.D.A.			
	George H. Davi	S	Annie	M. Walls				
1		SOCIAL SECURITY NO.   17. II		Address				
	(Yes, no, or unkown) (Ifyesgive weror detesofservice)		rs. Amous	Wright Manid	ol Manuel and			
	IB. CAUSE OF DEATH [Enter only one ceuse per li		IS. AMOUS	Wyatt Maryd	el, Maryland			
	PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH					
1	IMMEDIATE CAUSE (e)	Cerebra.	Hemorrha	ge				
	331X DUE TO	A 7	7 ~ .					
	Conditions, if eny, which (b) Advanced Generalized Arteriosclerosis							
d	(a), steting the underlying DUE TO	geva rise to immediate cause (a), stating the underlying DUE TO						
	ceuse lest. (c)							
	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?			
	CAT	Fracture of	Femur		YES NO			
H	PART II. OTHER SIGNIFICANT CONDITIONS CON  200. ACCIDENT WAS UNDERLYING  200. ACCIDENT WAS UNDERLYING  200. DESCRIPTION CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II of item 1B.)				
7								
	0		CE OF INJURY (Home, fern		(County) (State)			
	Hour e.m. While et work	THOI WILLIAM	ny, sileer, office bidg., etc	''   				
	21. I certify that (I) (this hospital) attended	ded the deceased from	June 1	19.59 to Oct.	22, 1961, that (I) (we) last			
	saw the deceased alive on Oct. 2	1 19.61 and that						
	220. SIGNATURE				22b. DATE			
	Surly Wolter	ou. L. + M.	DATE: 107 F	MED. STAFF	10-24-61			
П	22c. PHYSICIAN'S	and the	22d. ADDRESS					
Н	NAME (Typetherles H. Sto	nesider. M. D.	Greens	sboro. Md.				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	234 NAME OF CEMETERY		23d. LOCATION (City, tov	vn or county) (State)			
	REMOVAL (Specify) Burial 10-24-61	Templevil	le	Templevi	lle, Maryland			
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D'D BY REGISTRAR 256. REC				
	J.E. Bouland Hope	Na Ocera M	A. PORT	2 6 '61 Onthe	1 & France			
	# Journes Dele	resolution in the	- TABL	V	- A VANA			

1 34 TOMORRAM RESIDENCE TO THE LAND

1	
TO SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be every ed within 24 hours after a deat. Page 4 may be retained by the hospital or attending physician.  S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, while 7 hours after death.	

MARYL	AND	STATE	DEPA	RTMENT	OF	HEALT
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
11222 CERTIFICATE OF DEATH
11211

		a. COUNTY						ICE (Where			denca batora edmissio	in)
71		a. coom	Caroli	ne	MARYLAND	a. STA		vland	b. COUN	~	oline	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b				c. CIT	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)						
- 1		Green	sboro			X	Gr	eensb	oro			
0				(if not in hos	spital, giva streat address)	d. STF	EET ADDRESS				e. IS RESIDENCE	W?
		Collins	Nursing	Hom	e			Non	Le		YES NO	1
1		NAME OF DECEASED	Firs		Middle	L	ast	4. DATE OF DEAT		C	ay Yaar	
		(Typa or print)	George			Minne				)	15 19 6	1
	5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In years last birthday)	Months Day		_
	40	Male	White	WIDOWE	<u> </u>		6-188		80 yrs.			
		n. USUAL OCCUPATION of working most of working			IND OF BUSINESS OR INDU	STRY 11. BIRT	HPLACE (Cou	nty & State, o	or foreign country)		OF WHAT COUNT	RYP
100		Laboroe			None	M	aryla	nd		U	.S.A.	
	13.	FATHER'S NAME				14. MOTH	IER'S MAIDEN	INAME				
			No	Reco	rd		No R	ecord				
V		WAS DECEASED EVE is, no, or unkown)   (If			SOCIAL SECURITY NO. 17	INFORMA	NT		Address			
		No	POR BOUNT IF	12	15-20-4980 line for (a), (b), and (c).	Willi	am Mi	nner	Greensh	oro,	Varyland	
			WAS CAUSED BY:	e causa par I							ONSET AND DEATH	
			MMEDIATE CAUSE (a)	)	Coronar	y Dise	2236					-
		420,	DUE TO		A soft a soft a so T		CT					
		Conditions, if any gava rise to immedia	/ 100	)	Arterioscle	rotic	Cardi	OVESC	pular Di	S		_
		(a), stating the un	DITE TO									
		causa last.	) (c		ITAIRIUTALO TO DELTU ALIT	10 T DEL 1 TEO	TO THE PERIS	DISCLE	r coverious cu	The the DART 10	LAD WAS AUTORS	rv.
	NO.	PART II. OTHER	SIGNIFICANT COND		NTRIBUTING TO DEATH BUT				E CONDITION GIV	EN IN PAKE 1(8	PERFORMED?	
À	S			Vira.	l Respirato	ry Ini	<u>fectio</u>	n			YES NO	
0	CERTIFICATION		AS UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER		CRIBE HOW INJURY OCCU	RED. (Entar natu	ra of injury in	Part I or Part	t II of item 18.)			
1	MEDICAL	20c. TIME OF INJUI	RY Month, Day, Y	ar 20d. While		LACE OF INJU			ity or town)	(County	(State)	_
	MED	Hour a.m.	19		rk at work							
					ded the deceased fro							
		saw the decease	ed alive onO.	t. l	41921, and th	at death o	cured af	AM, fro	m the causes	and on the		
		22a. SIGNATURE	1 11	57		ATTEN		MED.	STAFF		22b. DATI	
1		Cles	cree H	050	resifer	M.D. PHYS.	ADDRESS	DIRECTOR	PHYS.			
1		22c. PHISICIAN'S NAME (Type)	Thoa U	Chan	n is constant	220.		ongho	ro, Md.			
			nas. H.	Stone		V OR CREWA			CATION (City, tox		(State)	
	23a	REMOVAL (Spacify)					ORT					
		FUNERAL DIRECTOR	10-18	2-0T	ADDRESS	oro	loca pr	C'D BY BECK	eensbor	O, MA	ryland	
	24	FUNERAL DIRECTOR	5 SIGNATURE	00	ADDRESS .	20		1 9 '61				
	_	4.017	ore lass	Tre	endlice,	mex.	DAJE	1901	arth	us S. Klass	L.E.	_

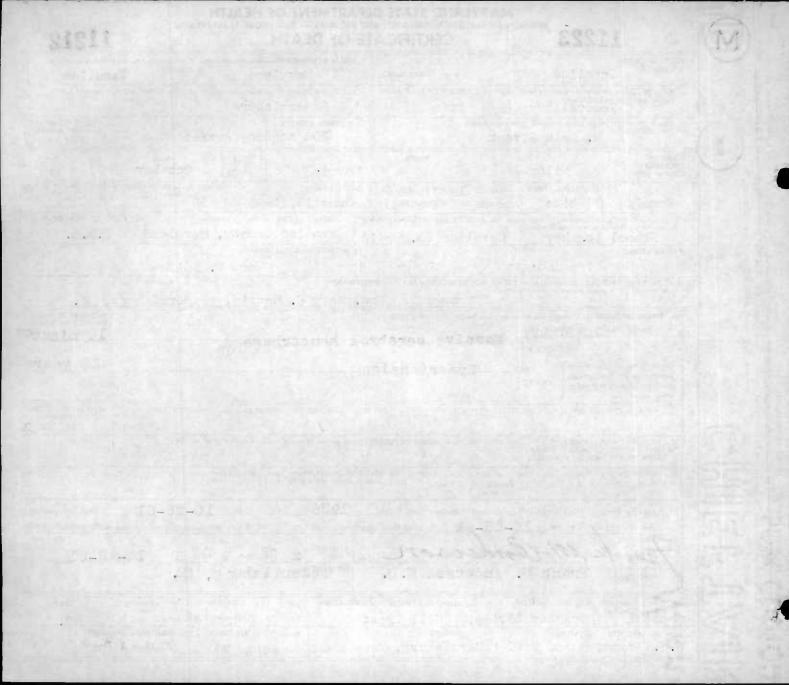
VR A15 (4) 15M 9/59

11223

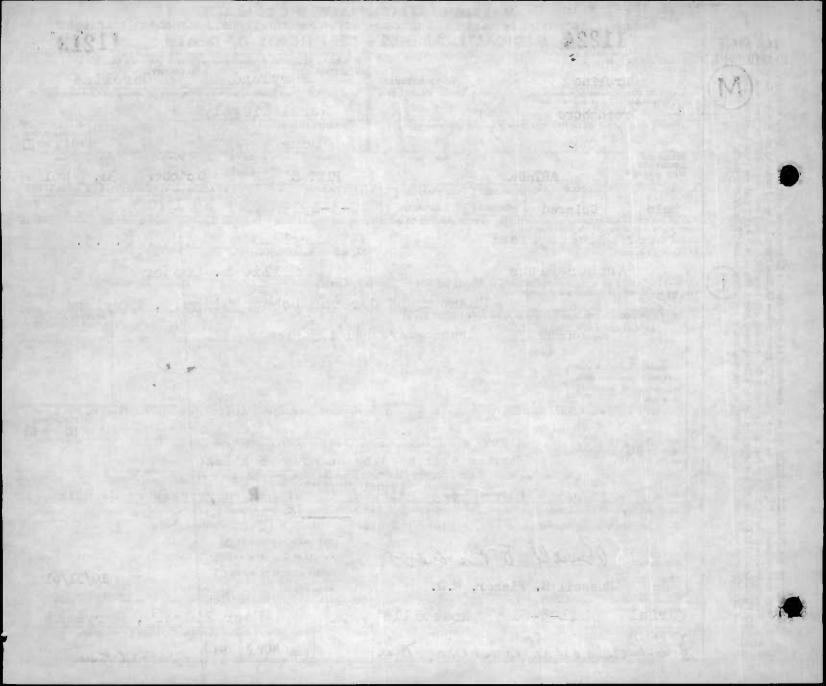
### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11212

o. COUNTY	aroline	MARYLAND	o. STATE Mary		b. COUNTY		efore admission	n)
b. CITY OR TOWN (I	f autside carporate limits, verest tawn) ederalsburg	write c. LENGTH OF STAY IN 16		If outside corporot	e limits, write RU	JRAL and give	nearest tawn)	
d. NAME OF HOSPIT OR INSTITUTION	N. Main Stre		d. STREET ADDRESS 204 Ac	ademy Av	emue		e. IS RESID ON A F. YES 1	ARM?
3. NAME OF DECEASED (Type or print)	First Mildred	Middle	Morris	4. DATE OF DEATH	Mont		Day Ye. 25 19	961
5. SEX Female	7.71	MARRIED NEVER MARRIED TO DIVORCED	B. DATE OF BIRTH  June 15,		AGE (In years last birthdoy) 56 yrs.	Manths Doy		Min.
during most of worl	ON (Give kind of work dane king life, even if retired) Teacher	Caroline Co. Pub	C - m - 1 2	County,			OF WHATCO	JUNTRY
13. FATHER'S NAME	Minos Morris		14. MOTHER'S MAIDER		. Smith			
	R IN U. S. ARMED FORCES (If yes, give war or dates of service	e)	informant irs. Mary B.		Addr		Md.	
Conditions, if a gove rise to i couse (o), stoting lying cause lost.	mmediate the under- DUE TO (c)	Hypertensi	on		CONDITION GIV	EN IN PART 1(c		MED?
20c. TIME OF INJUR Haur a. m. p. m.  21. I certify the saw the decease 22a GNATURE  2c. PHYSICIAN'S	CAUSE OF DEATH MEDICAL EXAMINER)  IY Manth, Doy, Year  19  of (I) (this hospital) a sect alive an10	while of wark	PLACE OF INJURY (Hame, frogerory, street, affice bldg.,  1936  death accurred at  M.D. ATTENDING PHYS.	20f. (City of etc.)  19, toM, from the MED. DIRECTOR	10-25- ne causes and		that (1) (water stoted of 22b.)	,
23a. BURIAL, CREMATIC REMOVAL (Specify) BUX 1 a I	October 29 'S SIGNATURE	Anderson M.D.  23c. NAME OF CEMETERY  1961 Hill Cre  ADDRESS  Federalsburg, N	OR CREMATORY 25a. RI	23d. LOCATIO	ON (City, town, calsburg	or county) STRAR'S SIGNA Thun & K		



1 FOR STATE	Ιt	ems 18-21 Division		MARY L RESEAL DICAL	YLAND STATE RCH AND RECORD EXAMINER	os, 301 W.	PRESTO	N STREET	LTH T, BALTIMO DEATH	ORE 1, A	MARY	LAND	
HEALTH DEPT.	1.	PLACE OF DEATH Caro			MARYLAND	e. STAT		ce (Whare de	ceesed livad, If i b. COUN	rstitution: I	Residance	before e	dmission)
s necessary your files do of deal		b. CITY OR TOWN (if	outside corporate limi give naarast town)	ts,	c. LENGTH OF STAY IN 1	CITY			orata limits, writa	RURAL and	d giva m	sarest tow	rn)
ral dire		d. NAME OF HOSPITA	nsboro al or institution (i None	if not in hosp	Ital, give straat addrass)	d. STRE	et address None	ittage	<b>-</b> <i>y</i>			ON.	ESIDENCE A FARM?
the fune retained to State death.	3.	NAME OF DECEASED (Type or print)	First	TTD	Middle	Las PT7	t	4. DATE OF DEATH	Month		Day 30.	Yea 196	r
death. d 3 to 1 ay be with the	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BI	RTH	9	. AGE (In yeers last birthday)	IF UNDER 1		IF UNDER	
1, 2, and 2 and 2 72 hou	do	na during most of worl	ON (Giva kind of work king lifa, even if retira	d)	DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED		PLACE (Stata	or foreign cou	42 yrs.				COUNTRY
24 hour e Pages M3. Pa pages 1 within		FATHER'S NAME	hicken P			14. MOTHE		NAME	. ~		.S.,	A. •	
Within 2 18. Give form P. I. File p.		WAS DECEASED EVE	thur Pit R IN U.S. ARMED FOR yasgiva war or datas of s	CES?   16. S arvica)	OCIAL SECURITY NO. 17		T	lie M	Address		7		
in Item 18 ong with for noit permit.		PART I. DEATH	EATH [Enter only one I WAS CAUSED BY: MMEDIATE CAUSE (a)		nknown la for (a), (b), and (c).]  Cranio-cere				idgely	, Ma		RYAL BET	
n penci n penci ffice al urial-tra vval, an		983 X	DUE TO		V144120 0010	W1 W1 111	Jarze						
ate short nding" in ner's O as a b		gava risa to immedie (a), stating the un causa tast.	ite ceuse							•			
certific rd "per I Exami be used nation,	ATION		SIGNIFICANT CONDI	TIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART		PERFC	AUTOPSY DRMED?
the wo Medica Should creming	CERTIFICATION	20a. EXTERNAL CAPPRIMARY [ or CONCAUSE OF DEATH.			n over head							[2]	NO [
writing the writing the Chief M Page 3 sh	MEDICAL	nour a.m.	bout Month, Day, Yes	ar 20d. IN Whila	Not While Fou		(Homa, farm ca bldg., atc	n, 2Df. (City		horo			(State)
rifficate to the CTOR:		21. I certify the		of the rema	ins described above,	held an Auto		Inspection	and the same of th	у 🔲,		n my o	
MEDICA e the certification or warded DIRECT ted agent	1	ACTUAL	Runell	87	- when			EXAMINER X			D.F	ATE SIG	INED
EPUTY I		PURMINIEDIO	dussell S.	Fisher	, M.D.	Add	rass (Streat,	L EXAMINER [			10,	/31/6	51
please 4 should for its do	226	BURIAL, CREMATION REMOVAL (Specify) BULIAL	11-3-6	of   2	Roseville	OR CREMATORY			TON (City, town, Ridge:			ylan	
VS. A15ME SM 9/60	23	FUNERAL DIRECTOR	1. 1/	reens	Lozo, Med	2.			RAR 24b. REGI	STRAR'S SI			
	V		HELD TO U.S.									- Color	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e. Yed within 24 hours after	Page 4 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	ictor, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	filed with the State Dept of Health prior to burial cremation, or removal, and in any event, wintin 72 hours after death.
R AT	y be	RECI	pluor	tate L
0	4 ma	IIG 7	3 sh	the S
SPITA	Page 4	NERAL	or, page	d with
	B.	P	ctc	file

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11226 CERTIFICATE OF DEATH

] 1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admitted)									
	a. COUNTY Caroline	a. STATE Maryland b. COUNTY Caroline									
	b. CITY OR TOWN (if outside corporate limits,   c.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	write RURAL and give nearest town) Ridgely	50 Yrs.	Ridgely								
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,		d. STREET ADDRESS	<u>J</u>			a. IS RESIDENCE				
	None			None			YES NO T				
3.	NAME OF First	Middle	Last	4. DATE	Month	Day	Year				
	(Type or print) Dr. Frank Wl	hilmore Tar	vlor	OF DEATH	10	24	19 61				
5.	SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.				
	Male   White   WIDOWED		3-8-1888		lest birthday) クスyrs.	Months Days	Hours Min.				
10	a. USUAL OCCUPATION (Giva kind of work   10b, KIND of	OF BUSINESS OR INDUSTRY	/	ty & Stata, or f	oreign country)	12. CITIZEN OI	WHAT COUNTRY?				
de	Veterinarian Ref	tired	Panna			TT Q	٨				
13	. FATHER'S NAME	olled	14. MOTHER'S MAIDEN NAME								
	Frank W. Taylor	A COMPANY OF	Flagno	re Wat	Faon						
	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOC	CIAL SECURITY NO.   17. II	NFORMANT	T.C. M.ST.	Address						
{Y	es, no, or unkown) (Ifyasgivawarordatesofservice) Yes WW1	one F	lancana Ch	0053377	Dmog	ton Mar					
=	18. CAUSE OF DEATH [Enter only one cause par line for	one H.	lenaore Ch	eezum	Pres	INT	ERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	car The	605/5	_		ON	SET AND DEATH				
	IMMEDIATE CAUSE (a) CANCELLY, MARCOSTS										
	DUE TO Chuckiscal acher selection - 1 Plans										
	Conditions, if any, which gave rise to immediate cause (b)										
	(a), stating the underlying DUE TO	robetes	melletu	C		_	rais				
7	Causa last. (c)										
10 10 11	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	T. T.	I KEENIED TO THE TERMIN	THE DISCUSE O	.0110111011	PERFORMED?					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(s)  PART II. OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.)  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  EITHER, NOTIFY MEDICAL EXAMINER!							ES NO				
		DY OCCUPATION 1 20- DIA	CE OF IN ILIPY /Home farm	1 206 (City	or town)	(County)	(State)				
Hour a.m. Whila Not Whila factory, streat, office bldg., etc.)											
							40. 4				
	21. I certify that (I) (this hospital) attended the deceased from										
	22c. PHYSICIAN'S	м.	D. PHYS. D	DIRECTOR	PHYS.						
	NAME (Type)	ALOTE	Pi	VGC.	1 . 2	ha					
_	a. BURIAL, CREMATION   23b. DATE THEREOF   23	c. NAME OF CEMETERY C	D CREMATORY	23d, LOCA	TION (City, to	wn or county)	(Stata)				
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23 REMOVAL (Specify)	~	OR CREMATOR!	0 33		77 -					
_	Burial 10-27-61	Roxanna	25- 050		-	e, Delay					
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	0.4		4		Ont				
_	To voulous ne	rusuoco,	DATE .	CT 3 0 '6	-	William S. The	MA .				

